

## WRITTEN TESTIMONY OF DANNY GLOVER

Submitted to:  
Full Committee Hearing  
of  
U.S. House of Representatives  
Committee on Banking and Financial Services  
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10:00 a.m.  
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Thank you for inviting me to present this written statement to this august body of policymakers on the HIV/AIDS pandemic in Africa. I would have preferred delivering it in person. However, my other commitments dictated my schedule.

You are most familiar with me as an actor and a human rights activist. You may not know that I was also an economics major in college, and, from this combined socio-economic perspective, am engaged in the dialogue on globalization to advocate a balance of opportunities and possibilities between developing and developed countries. In addition, I know about it on a personal level because my brother has been living with the virus for the last 10 years.

Focusing on Africa today is not only in the interest of Africa but in our interest as Americans in the world community. What might seem as Africa's problem will increasingly become America's problem. Our opportunity to influence the outcome is now.

You have already heard the alarming statistics on the impact of HIV/AIDS in Africa:

- In 1991, the World Health Organization (WHO) projections warned that by 1999, there would be 9 million infected individuals and nearly 5 million cumulative deaths from AIDS in Africa;
- Current estimates are two to three times higher, with 23.5 million infected individuals, and 13.7 million deaths in 1999;
- Out of the 5.6 million people in the world who were newly infected with HIV in 1999, 3.8 million were in Sub-Saharan Africa;
- Out of the 33.6 million people in the world living with HIV/AIDS, 23.3 million are in Sub-Saharan Africa;
- Out of the total 2.6 million people who died of AIDS in 1999, 2.2 million were in Sub-Saharan Africa. This compares with 200,000 people who died as a result of conflict and war in Africa;
- Almost all of the major downward changes in declining life expectancy could be ascribed to the direct result of AIDS. For instance, life expectancy at birth in Southern Africa, which rose from 44 years in the early 1950s to 59 in the early 1990s, is set to drop to just 45 between 2005 and 2010 because of AIDS;
- And out of the 11.2 million AIDS orphans under 14 years of age in the world, 10.7 million are in Sub-Saharan Africa.

Yet, the question is why is it hitting Africa so hard? Poverty is a major factor. It is both the cause and effect of HIV/AIDS. Africa has the highest rates of poor people in the world.

I have been traveling in and out of Africa for years. During these trips, I have seen abject poverty, the lack of adequate infrastructure, the need for basic education, decent health care and so on. I have spoken to policy makers—including then-Deputy President Thabo Mbeki--about these conditions and the need to focus on AIDS. I have seen the intense commitment and active effort of the people at the grassroots level to try to change their situations and, yet, none of them can do it alone. We all have to help one another.

In some ways, the HIV/AIDS pandemic is showing us the ultimate result of sustained systemic poverty. If you don't have enough hospitals, you can't treat the numbers of people who come to them. If you don't have enough medical supplies or needles, there is a stronger possibility that people will use used needles and make themselves vulnerable to the HIV virus. If education isn't made available to everybody including those in the rural areas, there is less likelihood that behavior can be altered. If there are no roads to reach the rural areas, there is no way to get help to the people. If the drugs for prevention and/or treatment are not made in-country or reduced in price to make them affordable, the cycle can only get worse.

Inaction has already cost us a whole generation or more. If all of the doctors and professionals are dying of AIDS, who will be there to replace them? If the farmers are dying, how will the country eat? If the young are dying, who will replace the old? Who will govern?

Today, March 8, marks the International Women's Day. I would like to use this day to stress the special plight of women with HIV/AIDS:

- Between 12 and 13 African women are infected for every 10 African men.
- The World Health Organization (WHO) estimates that, at the end of 1999, 12.2 million women and 10.1 million men aged 15 –49 were living with HIV in sub-Saharan Africa.
- This means that about 55% of Africans living with HIV/AIDS are women.

I applaud Vice President Albert Gore and U.S. Ambassador to the United Nations Richard Holbrooke for defining HIV/AIDS as a security issue during the January special session of the United Nations Security Council on this subject. I also strongly applaud the Secretary-General of the United Nations Kofi Annan and UNDP Administrator and current Chairman of the UNAIDS Committee of Cosponsoring Organizations Mark Malloch Brown for both saying at the same Security Council meeting that the issue of HIV/AIDS in Africa is also fundamentally a development issue. In this regard, I hope adequate resources will be provided for all international organizations rising to meet this challenge.

The United Nations estimates that the total sum needed annually for AIDS prevention in Africa is in the order of \$1 billion to \$2.3 billion. While the United States can't underwrite this annual cost alone, it must assume a critical leadership role and leverage its strategic global partners to work towards the reversal of the current HIV/AIDS trend in Africa and security of the world.

As we identify our strategic global partners in the fight against HIV/AIDS in Africa, let us acknowledge and include the people of Africa, who have been in the forefront of this fight since the beginning. They have been coping with the day-to-day tragedies and family upheavals. They have had to bear the brunt of being ostracized by their communities. They have had to remain courageous against unbearable odds.

During the last six months, many African leaders have spoken out in unprecedented ways, breaking the silence and the stigma of the epidemic. In countries--such as Uganda and Senegal – where strong political leadership, openness about the issues, and broad, cross-cutting responses have come together, the tide is turning and clear success is being demonstrated in stemming new infections.

We as a world community are overdue in joining them as partners in tearing down the silence and aggressively finding creative solutions to stemming the spread of HIV/AIDS and re-directing the spiral trend downward.

We have the moral responsibility to make a difference while we can: not only for those currently living but for those future generations as well.

Thank you.